

|  |   |  |  |          |  |                           |   |          |  |                                |  |          |                                |                                      |  |   |
|--|---|--|--|----------|--|---------------------------|---|----------|--|--------------------------------|--|----------|--------------------------------|--------------------------------------|--|---|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  |   | Docket Number (Optional)<br>BIC 1/1406 |  |          |  |                           |   |          |  |                                |  |          |                                |                                      |  |   |
| <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 2px;">In re Application of<br/>STENKAMP, Dirk et al</td></tr><tr><td style="padding: 2px;">Application Number<br/>10/697,443</td><td style="padding: 2px;">Filed<br/>October 30, 2003</td></tr><tr><td colspan="2" style="padding: 2px;">ALKYNE COMPOUNDS WITH MCH ANTAGONISTIC ACTIVITY AND<br/>For MEDICAMENTS COMPRISING THESE COMPOUNDS</td></tr><tr><td style="padding: 2px;">Group Art Unit<br/>1625</td><td style="padding: 2px;">Examiner<br/>Patricia L. Morris</td></tr></table>   |   |  | In re Application of<br>STENKAMP, Dirk et al           |          | Application Number<br>10/697,443                                   | Filed<br>October 30, 2003 | ALKYNE COMPOUNDS WITH MCH ANTAGONISTIC ACTIVITY AND<br>For MEDICAMENTS COMPRISING THESE COMPOUNDS |          | Group Art Unit<br>1625                                   | Examiner<br>Patricia L. Morris |  |          |                                |                                      |  |   |
| In re Application of<br>STENKAMP, Dirk et al   |   |  |  |          |  |                           |   |          |  |                                |  |          |                                |                                      |  |   |
| Application Number<br>10/697,443   | Filed<br>October 30, 2003                                       |  |  |          |  |                           |   |          |  |                                |  |          |                                |                                      |  |   |
| ALKYNE COMPOUNDS WITH MCH ANTAGONISTIC ACTIVITY AND<br>For MEDICAMENTS COMPRISING THESE COMPOUNDS  |   |  |  |          |  |                           |   |          |  |                                |  |          |                                |                                      |  |   |
| Group Art Unit<br>1625   | Examiner<br>Patricia L. Morris                                  |  |  |          |  |                           |   |          |  |                                |  |          |                                |                                      |  |   |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$450.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ ____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card via EFS.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="margin-left: 80px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="margin-left: 80px;">Registration number if acting under 37 CFR 1.34(a). _____.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <table style="width: 100%; margin-top: 20px;"><tr><td style="width: 50%; text-align: center; vertical-align: bottom;">June 11, 2007<br/>_____<br/>Date</td><td style="width: 50%; text-align: center; vertical-align: bottom;">/John A. Sopp/<br/>_____<br/>Signature</td></tr><tr><td></td><td style="text-align: center; vertical-align: bottom;">John A. Sopp, Reg. No. 33,103<br/>_____<br/>Typed or printed name</td></tr></table> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p> |   |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450.00                  | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____                       | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ | June 11, 2007<br>_____<br>Date | /John A. Sopp/<br>_____<br>Signature |  | John A. Sopp, Reg. No. 33,103<br>_____<br>Typed or printed name |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$ _____  |  |  |          |  |                           |   |          |  |                                |  |          |                                |                                      |  |   |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450.00  |  |  |          |  |                           |   |          |  |                                |  |          |                                |                                      |  |   |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$ _____  |  |  |          |  |                           |   |          |  |                                |  |          |                                |                                      |  |   |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$ _____  |  |  |          |  |                           |   |          |  |                                |  |          |                                |                                      |  |   |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$ _____  |  |  |          |  |                           |   |          |  |                                |  |          |                                |                                      |  |   |
| June 11, 2007<br>_____<br>Date   | /John A. Sopp/<br>_____<br>Signature                            |  |  |          |  |                           |   |          |  |                                |  |          |                                |                                      |  |   |
|  | John A. Sopp, Reg. No. 33,103<br>_____<br>Typed or printed name |  |  |          |  |                           |   |          |  |                                |  |          |                                |                                      |  |   |